

## **SUMMARY OF RESULTS FOR ADULTS**

As was expected, very few of the adult respondents reported that they were in “Excellent” or Very Good” health at the time of the survey. Approximately one-half reported that they were in “Poor” or “Fair” health. The participants in the HMO were significantly more likely than the other two delivery modes to report being in “Excellent” health.

As for the manner in which services were generally delivered to the adults, most respondents did not receive a new personal physician upon enrollment in Medicaid. In addition, most did not use a specialist as a primary care physician. The respondents in the HMO were the most likely to report a change of personal physician upon enrollment. However, the CAHPS survey did not reveal whether or not those who received a new physician upon enrollment had broken a relationship with a prior provider, or had not previously had a personal doctor. The majority of the respondents across the delivery modes who had a personal doctor reported a relationship with that provider of more than 12 months. Carolina ACCESS respondents were the most likely to report that they had been with their personal physician for 5 years or more.

In general, potential access to health care services appeared to be fairly good across the delivery modes with few perceived barriers reported. Most of the respondents reported potential access to primary care with an identifiable personal physician at the time of the survey. The majority also reported no problems in finding a satisfactory personal physician. Similarly, the majority who needed a referral to a specialist had little or no problem obtaining one. The majority of respondents who needed urgent care and prescription medications also reported no problems in access to these services and goods. However, there were significant differences between the surveys on some of these issues. Carolina ACCESS respondents were the most likely to report having a personal physician as well as having no problems finding a physician that was satisfactory.

With two exceptions, there were no significant differences in the numbers of respondents reporting realized access to a variety of services. A slight majority of respondents reported making an appointment for routine care. As would be expected, a majority also reported making at least one office visit to a provider. Most of the respondents did not see a specialist, or make a call to a doctor’s office for help. A large majority of respondents did receive a new or refilled prescription and a similarly large majority did not have any problems obtaining the prescribed medication. As mentioned previously, the responses were fairly consistent across the delivery modes in all of these areas. However, there were statistically significant responses in the number of reported visits to an emergency department. Carolina ACCESS respondents were significantly more likely to report that he or she had not made any visits to an ED in the six months prior to the survey. HMO respondents were the most likely to report making such a visit.

The majority of respondents were able to access care and plan approval as soon as they wanted. Most reported that they “always” got appointments for routine care and access to urgent care as fast as was needed. Most also reported no problems with plan

approvals delaying care. The only area in which there were significant differences between the delivery modes was in waiting times to see a physician. Respondents in the HMO were more likely to report waiting more than 15 minutes past an appointment time to receive care.

A substantial majority of Medicaid adults appear to be pleased with their communication with their physicians. The majority reported that their doctor's office staff was "always" helpful and "always" showed respect to patients. The majority also reported that their doctor "always" showed respect for patient comments and explained issues understandably. A lesser majority felt that their doctor spent enough time with them. There were not significant differences among the delivery modes on any of these issues. However, there were differences between the responses of the chronic and non-chronic groups. Wherever these differences arose, the non-chronic respondents were less likely than the chronic group to report good communication experiences. This is a highly unusual finding since most studies have revealed that the chronic population reports lower satisfaction and quality measures.

Overall satisfaction was high across the delivery modes. The mean satisfaction ratings for all aspects of health care delivery ranged from 8.93 to 9.21 with 10 being the most favorable score. With one exception, there were not significant differences among the delivery modes. Only in respondent satisfaction with treatment and counseling did significant variation emerge. However, this question was answered by a small number of respondents and significance must be viewed with caution. The responses between the chronic and non-chronic populations did reveal some significant differences. Where these differences emerged, the chronic group registered higher satisfaction than the non-chronic respondents. Again, these results are highly unusual and unexpected.